

CHLORINE (RESIDUAL) SM 21 st Ed 4500-CL G					
Facility Name: _____					VELAP ID _____
Assessor Name: _____		Analyst Name: _____		Inspection Date _____	
Relevant Aspect of Standards	Method Reference	Y	N	N/A	Comments
Records Examined: SOP Number/ Revision/ Date _____ Analyst: _____					
Sample ID: _____ Date of Sample Preparation: _____ Date of Analysis: _____					
If instrument was calibrated by laboratory, were a minimum of a blank and three standards used?	4020 B.2.a				
Were the chlorine concentrations of laboratory prepared standards confirmed by titration?	4500-Cl G.4.a.1)				
Was the calibration verified at the beginning, end, and periodically during each sample run?	4020 B.2.b				
Were calibration verifications between 90-110%?	4020 B.2.b				
Was a method blank included with each batch of 20 or fewer samples?	4020 B.3.a				
Were sample duplicates analyzed with each batch of 20 or fewer samples?	4020 B.3.c				
Was one LFM/LFMD included with each batch of 20 or fewer samples?	4020 B.3.d				
Was a sample blank used to zero spectrophotometer?	4500-Cl G.1.c 4500-Cl A.3				
Notes/Comments:					